

Name
in
Full

Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|---------------------------------------|-------------------------|-------------|
| Died at | Town | County | MARYLAND |
| Date of death 1903 | Month March | Day 13 th | Years - |
| Sex Male | Color or Race Colored | Age - | Months - |
| Married, Single or Widowed | Occupation | | |
| Name of Wife or Husband | | | |
| Father's Name Don Knue | Father's Birthplace | | |
| Mother's Maiden Name Alberta Clark | Mother's Birthplace Md | | |
| Name of person giving Information Eva Stamford | How related to deceased Midwife | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary Born dead | How long - |
| Immediate ✓ | How long - |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Enoch George MD |
| | Address Penmar, Carroll Co Maryland |
| Accident or Suicide? | |



Petr N Collies
 Town Amstow County MARYLAND
 Month Day

Died at Died at Date 1903 Month Mch Day 27 Age 73,2 Native of Del Occupation Sailor
 Male White Married Widower D Number of children living 5
 Female Colored Single Widower

Husband of Wife Father's Name Mother's Maiden Name Diana Noble
 Elizabeth A Collies John Collies Diana Noble How long sick

Cause of Death Primary Cholera Morbus

Death Immediate

Accident Suicide Homicide

Reported by

J. L. Noble 13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Horacee Davids

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------------|------------|-------------------------|-------------|-----------|--|
| Died at | Town | Caroline | | MARYLAND | | |
| Date of death 1903 | Month March | Day 27 | Years - | Months - | Days 4 | |
| Sex Female | Color or Race Colored | | | Birth-place | Darwin Md | |
| Married, Single or Widowed | Infant - | Occupation | | | | |
| Name of Wife or Husband | 7 | | | | | |
| Father's Name | Patrick Davids | | Father's Birthplace | Virginia | | |
| Mother's Maiden Name | Horacee Holmes | | Mother's Birthplace | Maryland | | |
| Name of person giving Information | Carolin Holmes | | How related to deceased | Nurse | | |

CAUSES OF DEATH

| | | | | |
|--|--|-----|------------------------|--|
| Primary | Weakened | 151 | How long - | |
| Immediate | Exhaustion | Q | How long few hours | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | |
| | | | Address | |
| PHYSICIAN OR CORONER | Crouch George M.D. Wentworth Co. Caroline Co. Maryland | | | |
| 8 | Accident or Suicide? | - | | |



Name
in
Full

Handy Dennis Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

| | | | |
|-----------------------------------|-----------------|-------------------------|-----------|
| Died at | Town | County | MARYLAND |
| Date of death 190 | Month | Day | Years |
| 3 | 3 | 10 | 45 - |
| Age | Months | Days | |
| Sex | Color or Race | Occupation | |
| Male | Black | Berlin | Maryland |
| Married, Single, or Widowed | | | |
| Name of Wife or Husband | | | |
| Father's Name | Peter L. Davis | Father's Birthplace | Berlin Md |
| Mother's Maiden Name | Lear Anna Bowes | Mother's Birthplace | Berlin Md |
| Name of person giving information | Peter L. Davis | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

5 years

Immediate

Yes

How long

Address

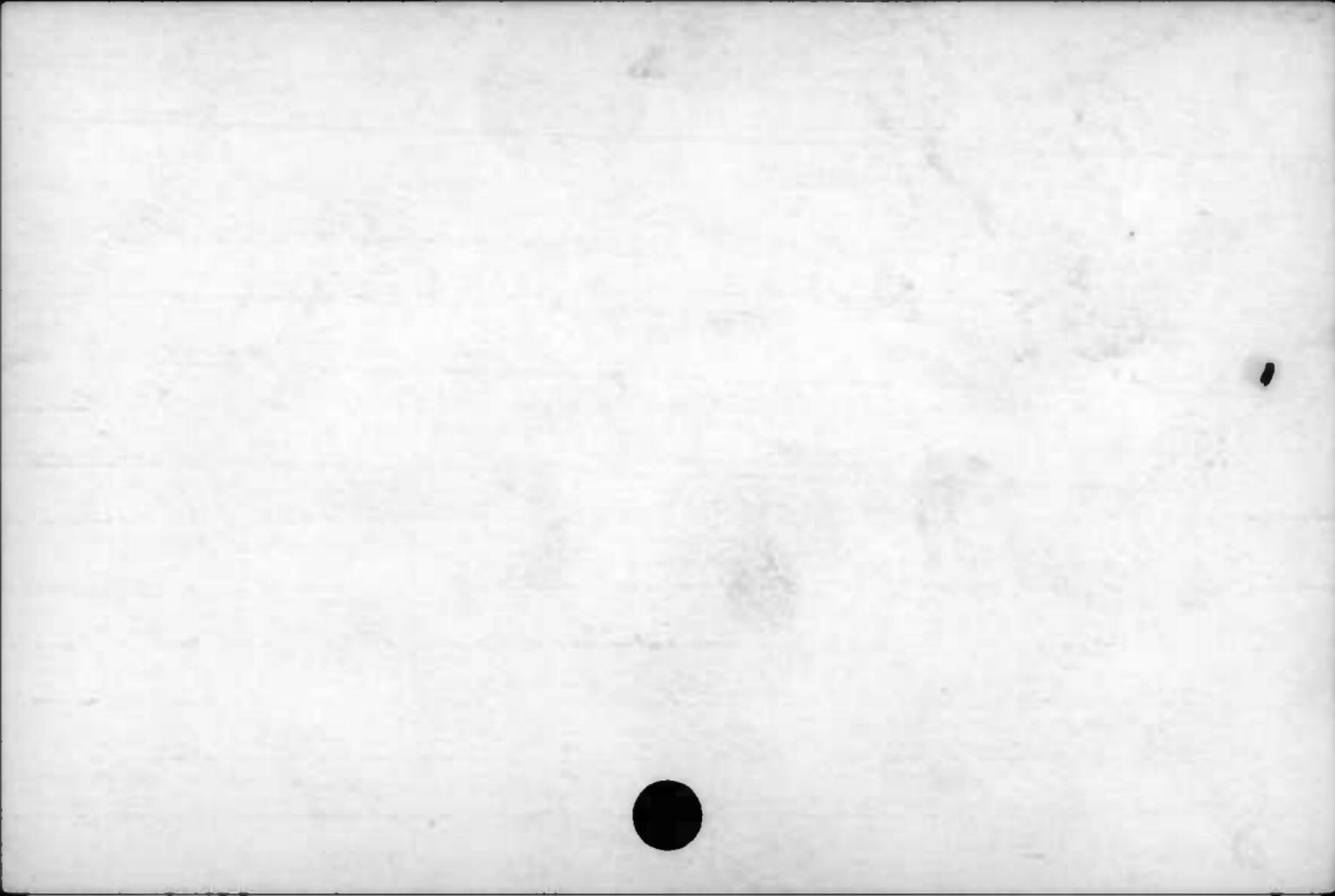
Signature of Physician

Are the name, age, sex, color, date and place correctly given above?

Address

J. P. Mansfield
Drakow
Maryland

Accident or Suicide?



Name
in
Full

Louise Garrett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|--------------------------------|----------------------|-----------|----------|--------|--|
| Died at | Town | County | | MARYLAND | | |
| Date of death 1903 | Month March | Day 14 | Years 67. | Months - | Days - | |
| Sex Female | Color or Race White | Birth-place Maryland | | | | |
| Married, Single or Widowed Widow | Occupation Housekeeper | | | | | |
| Name of Wife or Husband James Garrett | | | | | | |
| Father's Name John Thaulay | Father's Birthplace Maryland | | | | | |
| Mother's Maiden Name Rachael Smith | Mother's Birthplace Delaware | | | | | |
| Name of person giving information Willora H Thaulay | How related to deceased Nephew | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------|------------------------|------------------------|---------|
| Primary | General Drowsiness | | How long | 3 years |
| Immediate | Exhaustion. | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Enoch George MD | |
| | | Address | Denton Caroline County | |
| Accident or Suicide? | - | | Maryland | |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|---|----------------------------------|-----------------|------------------|------------------------------------|--|----------------------------|------|
| Kate Dunit | | | | | | CERTIFICATE OF DEATH | |
| Died at <u>Federalsburgh</u> | | | <u>Caroline</u> | | | MARYLAND | |
| Town | County | | | | | Months | Days |
| Date of death 1903 | Month <u>mar</u> | Day <u>7</u> | Age <u>60</u> | Years | | | |
| Sex <u>Female</u> | Color or Race <u>white</u> | | | Birth- place <u>New York</u> | | | |
| Married, Single or Widowed <u>married</u> | Occupation <u>Kate Dunit</u> | | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | |
| Name of person giving Information | | | | | | How related to deceased | |

CAUSES OF DEATH

Primary

Phtisis

How long

One year

Immediate

27

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R Kemp Jefferson
Federalsburgh md

Accident or Suicide?



Name
in
Full

Thomas Frederick Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---------------------|-------------------|-----------------------------------|----------|----------|----------|
| Died at | Town | County | | MARYLAND | | |
| Date of death 1903 | Month March | Day 12 | Age - | Years - | Months - | Days 125 |
| Sex Male | Color or Race white | Occupation Inform | | | | |
| Married, Single or Widowed - | | | | | | |
| Name of Wife or Husband - | | | | | | |
| Father's Name Thomas Frederick Johnson | | | Father's Birthplace Maryland | | | |
| Mother's Maiden Name Maud Fisher | | | Mother's Birthplace Delaware | | | |
| Name of person giving Information Crouch George M D | | | How related to deceased Physician | | | |

CAUSES OF DEATH

| | | | | |
|--|-----------|------------------------|--------------------------|-----------|
| Primary | Inhalin | | How long | 6 days |
| Immediate | E Hauston | | How long | few hours |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Crouch George M D | |
| | | Address | Wilm Corolin Co Maryland | |
| Accident or Suicide? | - | | | |



Name
in
Full

Hester A Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER
J

| | | | | | |
|---|------------------|------------|-----------------------------|----------------------------|-------------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1903 | Month March | Day 9 | Age 75 | Years | Months Days |
| Sex woman | Color or Race | Occupation | Birth-place Talbot Co Md | | |
| Married, Single or Widowed Widow | George Murchill | | | house work | |
| Name of Wife or Husband George Murchill | Bob Gibson | | | Father's Birthplace | |
| Father's Name Bob Gibson | Cecil Gibson | | | Mother's Birthplace | |
| Mother's Maiden Name Gibson | Gwen Gibson | | | How related to deceased | |
| Name of person giving Information | | | | CAUSES OF DEATH | |

Primary

How long

3 years

Immediate

How long

General Debility

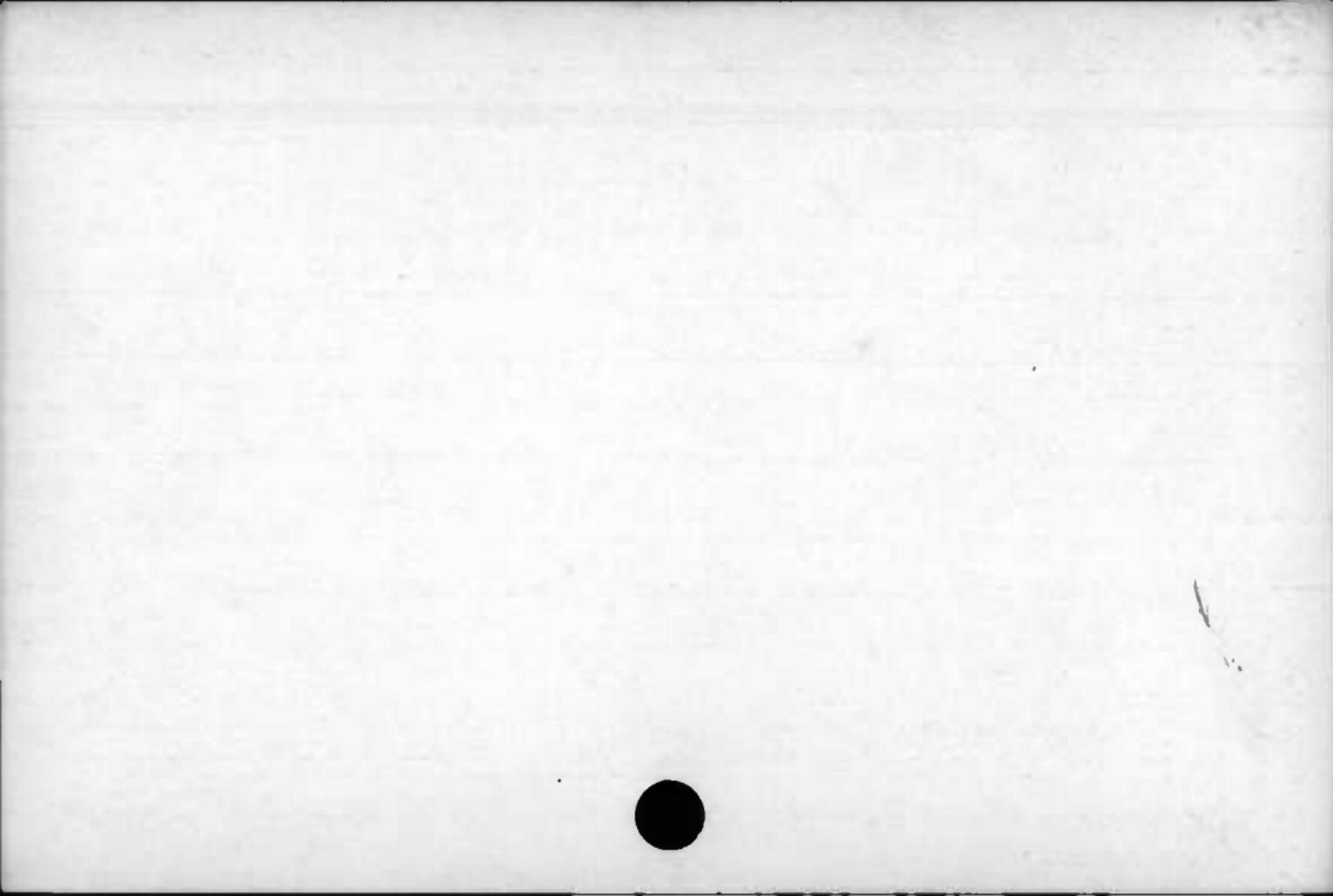
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

179

Accident or Suicide?



Name
in
Full

Sarah Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|---|-------------------------|--------------------|-------------|-------------|
| Died at | Town | County | MARYLAND | |
| Date of death 1903 | Month March | Day 30 | Years | Months Days |
| Sex Female | Color or Race Old-age | Occupation Laborer | Birth-place | Not known |
| Married, Single or Widowed Single | | | | |
| Name of Wife or Husband | | | | |
| Father's Name | Father's Birthplace | | | |
| Mother's Maiden Name | Mother's Birthplace | | | |
| Name of person giving information Harry Brack | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old-age How long

Immediate Paralysis How long

Are the name, age, sex, color, date
and place correctly given above? Yes

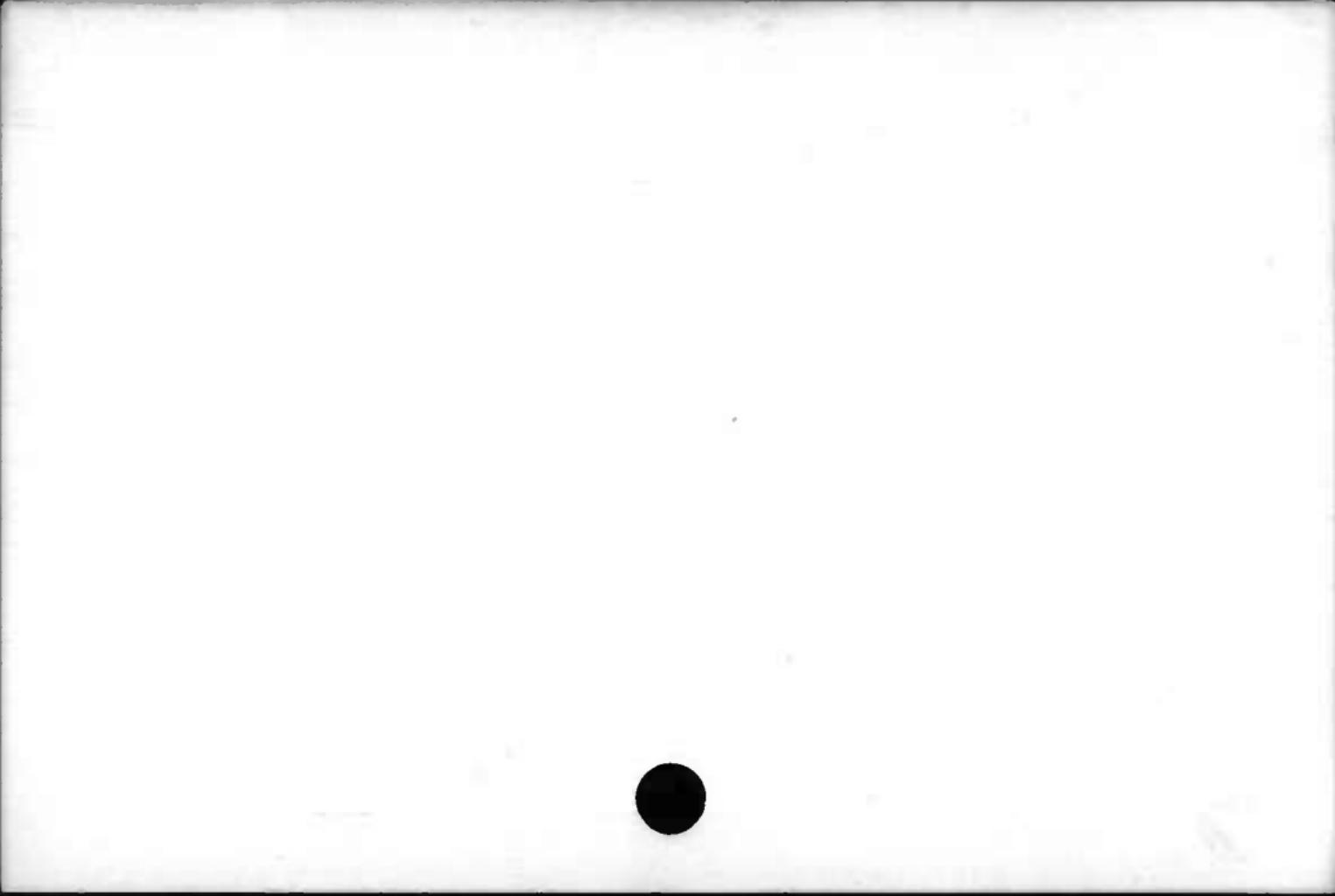
Signature of Physician

Address

Mr. Lansbury
Burrsille MD



Accident or Suicide?



| | | | |
|-------------------|-----------------------|---------------------|---------------------------------|
| <i>Sparklin</i> | | | |
| Town | County | | |
| Died at | Hillboro | Caroline | MARYLAND |
| Date 19 | Month 63 | Day 8 | Native of _____ |
| Male | Age 9 | Married | Occupation _____ |
| Female | White | Widow | Divorced |
| | Colored | Single | Number of children living _____ |
| Husband of _____ | | | |
| Wife _____ | | | |
| Father's Name | Isaac Sparklin | Mother's Name | Pearl Smith |
| Cause of Death | Primary | How long sick _____ | |
| | Immediate | <u>Stillborn</u> | Accident, Suicide, Homicide |
| Reported by | <i>A. N. Richards</i> | | |
| Address | <i>Ridgely Md.</i> | | |

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lotta A Stafford

Town

New Preston

County

Caroline

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Housewife

Date 1903

J 23

Age

75

 Male

White

 Married

Widow

 Divorced Female Single

Widower

Number of children living

none

Husband of

John O. Stafford

Wife

Mother's

Father's

Name

Maiden Name

Cause of

Primary

Truifelgia

(at)

How long sick

7 days

Death

Immediate

Gruenal Paralysis

Accident, Suicide, Homicide

Reported by

J. L. Hobble M.D.

Preston Md.

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maryanh E Stevens

Town

County

MARYLAND

Died at

near Pinston Carolina

| | | | | | | | | |
|---------|-----------------------|--------|----------|---------|---------|----------|---------------------------|------------|
| Died at | near Pinston Carolina | Month | Day | Y. | M. | D. | Native of | Occupation |
| Date 19 | 93 | Mc 10 | | Age | 65,5 | md | Housewife | |
| | | Male | White | Married | Widow | Divorced | | |
| | | Female | Coloured | Single | Widower | | Number of children living | 4 |

Husband of

Wife

Father's

Name

James H Stevens

Mother's

Noah & Morris

Maiden Name

Cause of

Primary

Consumption

How long sick

6 mo

Death

Immediate

Cathayston

Accident, Suicide, Homicide

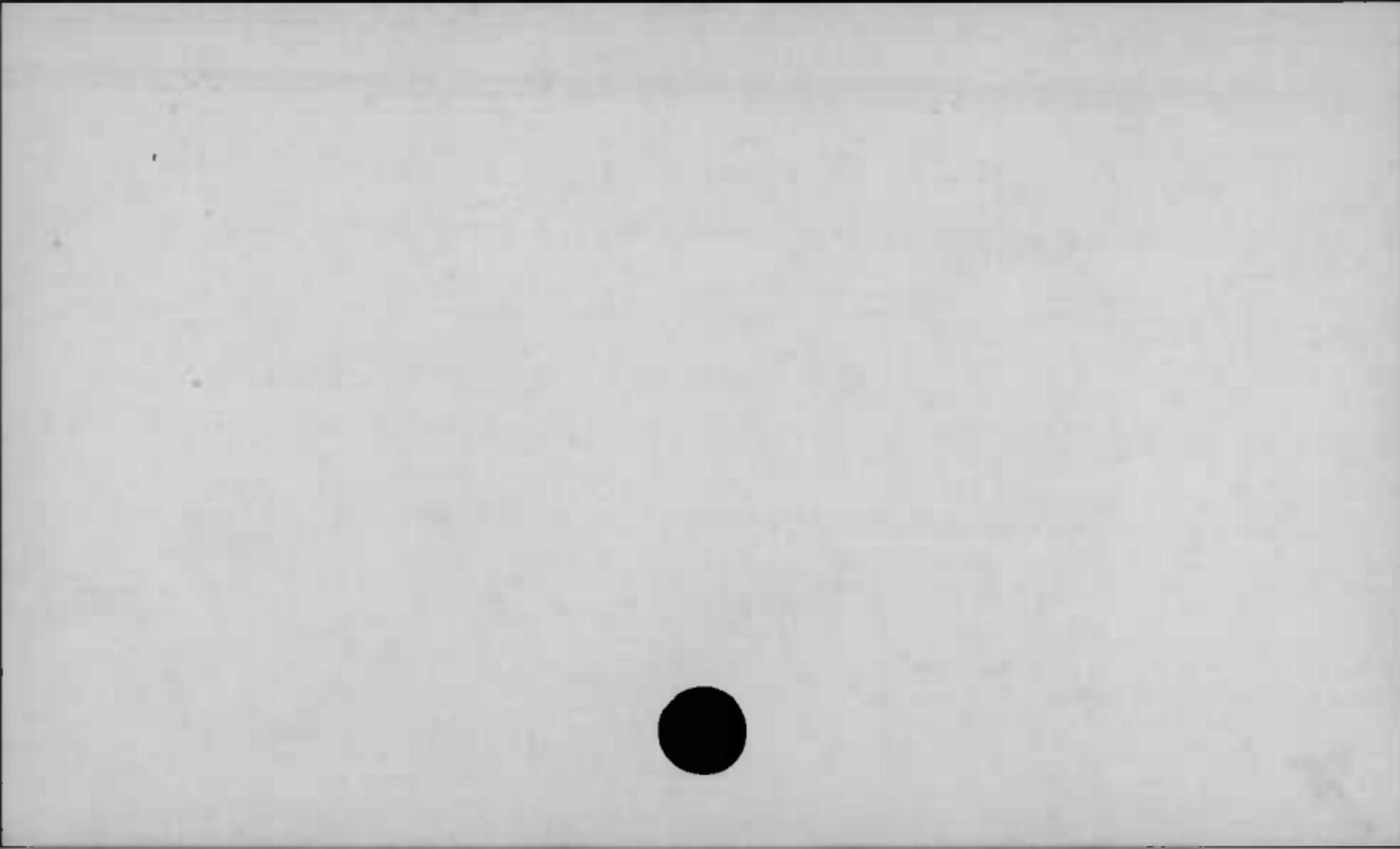
Reported by

J L Hobbs M D

Address

Pinston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ella Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------------|--------|----------------------|-------------------------|-----------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death 1903 | Month March | Day 17 | Age 9 | Years | Months | Days | |
| Sex Female | Color or Race Black | | Birth-place Maryland | | | | |
| Married, Single or Widowed | | | Occupation | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | Ella Thomas | | | Father's Birthplace | Maryland. | | |
| Mother's Maiden Name | Mary Gross | | | Mother's Birthplace | Maryland | | |
| Name of person giving information | Fred Thomas | | | How related to deceased | Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

18 Month.

Immediate

Are the name, age, sex, color, date and place correctly given above?

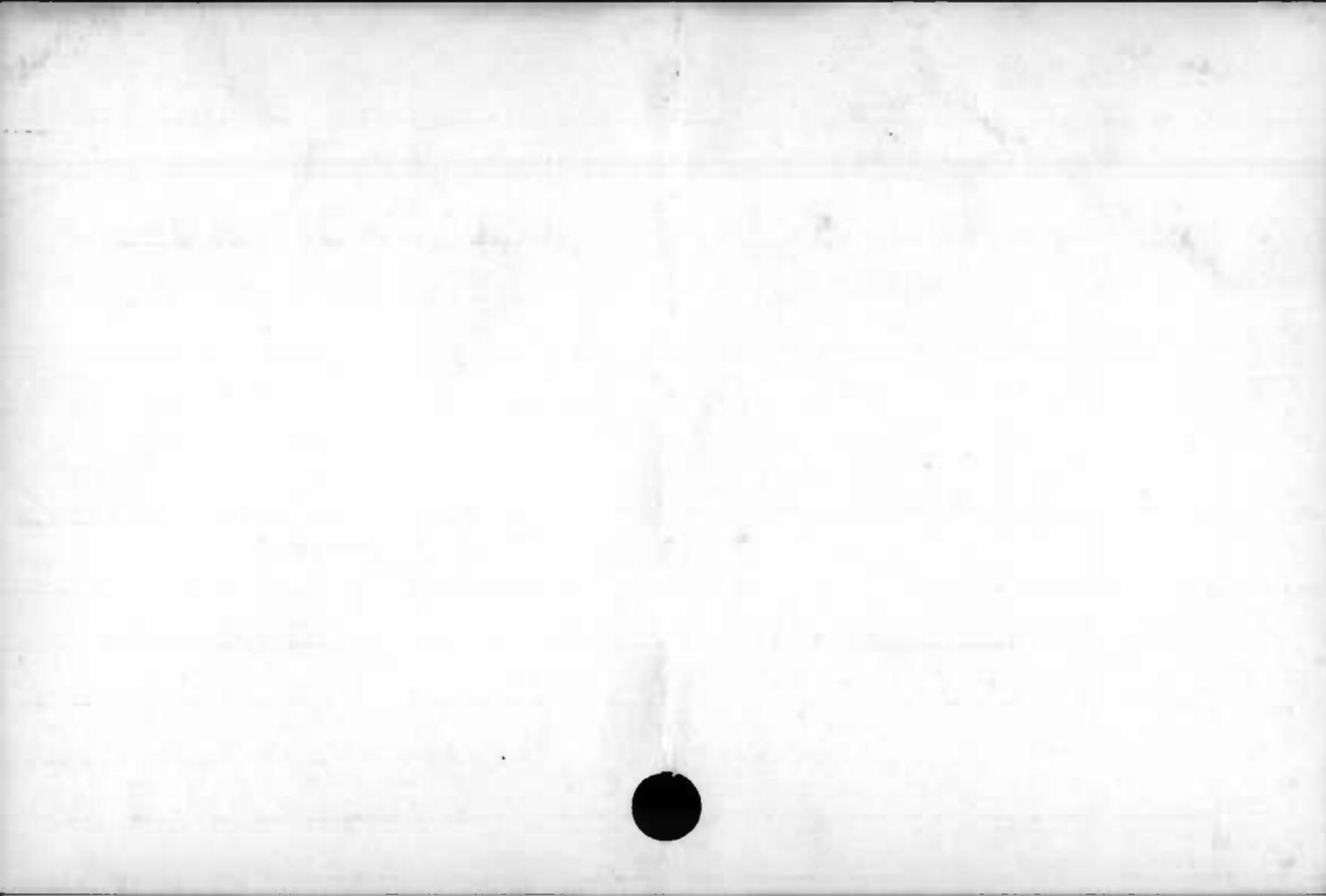
Yes

Signature of Physician

Address

D. Mawship MD
Dr. Mawship
Maryland

Accident or Suicide?



Marilyn Thomas

| | | | | | | |
|----------------|----------------------|---------------------|-----------------|----------------------|-----------------------------|----------------|
| Town | | County | | | | |
| Died at | <i>Ridgely</i> | | <i>Caroline</i> | | MARYLAND | |
| Date 1905 | Month 3 | Day 14 | Y. 19 | M. 7 | D. | Occupation |
| Male | White | Age 19 | Native of | | | |
| Female | Colored | 7 | Land | | | |
| Husband of | | | | | | |
| Wife | | | | | | |
| Father's Name | <i>Alfred Thomas</i> | | | Mother's Maiden Name | <i>Annie Gross</i> | |
| Cause of Death | Primary | | | | How long sick | <i>6 weeks</i> |
| | Immediate | <i>Tuberculosis</i> | | | Accident, Suicide, Homicide | |

Reported by *W. W. Goldsbrough M.D.*

Address *Greensboro, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Arena Wilson

CERTIFICATE OF DEATH

| | | | | | | | | | | | |
|--------------------------------------|------------------|----------------------------|-------------|------------|-----------------|--------------|---|--------|---|------|---|
| Died at | | Town | Ridgely | County | MARYLAND | | | | | | |
| Date of death 190 | 3 | Month | March | Day | 1 | Years | 0 | Months | 6 | Days | 0 |
| Sex | Female | Color or Race | Colored | Occupation | Birth- place | Caroline Co. | | | | | |
| Married, Single or Widowed | Infant | | | | | | | | | | |
| Name of Wife or Husband | | | | | | | | | | | |
| Father's Name | Willie E. Wilson | Father's Birthplace | Caroline Co | | | | | | | | |
| Mother's Maiden Name | Josephine Horner | Mother's Birthplace | Caroline Co | | | | | | | | |
| Name of person giving Information | W.E. Wilson | How related to deceased | her Parents | | | | | | | | |

CAUSES OF DEATH

Primary

Pneumonia

How long

Four days

Immediate

93

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. N. Richards

Ridgely,
Caroline Co., Md.

Accident or Suicide?

No

Pritchett

Near Ridgey

3-1-3-3